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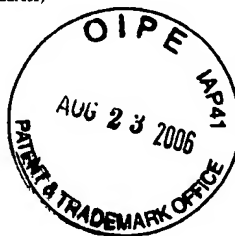
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7590

06/06/2006

Winstead Sechrest & Minick P.C.
 P. O. Box 50784
 Dallas, TX 75201



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<u>Carol Mathis</u>	(Depositor's name)
<u>Carol Mathis</u>	(Signature)
<u>8-23-06</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	CLASS OF INVENTION	INFORMATION NO.
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10/789,319

02/27/2004

Frank Y. Xu

01 FC:2501

45223-P004US

73092020P

TITLE OF INVENTION: COMPOSITION FOR AN ETCHING MASK COMPRISING A SILICON-CONTAINING MATERIAL

360.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
ZIMMER, MARC S	1712	106-287120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Kelly Kordzik
- 2 Edward T. Mickelson
- 3 Winstead Sechrest & Minick P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Molecular Imprints, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Austin, TX

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Edward T. Mickelson

Typed or printed name Edward T. Mickelson

Date 23-Aug-06

Registration No. 50,413

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